

DEPARTMENT OF THE COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2127

FILED FEB 24 1942
Registration District No. 267

Primary Registration District No. 5367

Registrar's No.

1. PLACE OF DEATH:

(a) County He Kalb
(b) City or town Maysville, Mo Rural
(c) Name of hospital or institution Grant Turn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Jesse Maret

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah Jane Maret 6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased Nov 17 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 18 If less than one day hr. min.

9. Birthplace He Kalb Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Stephen Maret

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Greenwalt

15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E A Thompson

(b) Address Pattonsburg Mo RR

17. (a) Burial (b) Date thereof Jan 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation woody cemetery

18. (a) Signature of funeral director Ed Schomer

(b) Address Pattonsburg Mo

19. (a) Jan 9 1942 (b) Mrs Kessler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County He Kalb
(c) City or town Maysville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1942 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from Apr 12, 1941, to Jan 5, 1942
that I last saw him alive on Jan 5, 1942
and that death occurred on the day and hour stated above.

Immediate cause of death Suppurative Cholecystitis 11 days
Due to Gall Stones

Due to _____

Other conditions Peritonitis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 126

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W R Reynolds (M. D. or other) do.

Address Maysville Mo Date signed 1/8/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. ~~2857~~ working under my personal supervision.

Signed ES Granger

Licensed Embalmer No. 2857

P. O. Address Patonsburg Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.